

**Department of Energy****Ohio Field Office  
Fernald Area Office**P. O. Box 538705  
Cincinnati, Ohio 45253-8705  
(513) 648-3155JUN 20 1997  
DOE-1102-97

Ms. Cindy DeWulf  
Ohio Environmental Protection Agency  
Division of Air Pollution Control  
1800 Watermark Drive  
Columbus, Ohio 43216

Dear Ms. DeWulf:

**TOXIC CHEMICAL RELEASE INVENTORY - FERNALD ENVIRONMENTAL MANAGEMENT PROJECT**

Enclosed is a completed Form R as required by Executive Order 12856. Please note that on July 26, 1995, a Notice of Technical Error was sent to us by Iraj Haghazari of the Ohio Environmental Protection Agency (EPA). It indicated we are no longer required to submit a filing fee since the Fernald Environmental Management Project's SIC Code is not in the TRI reporting criteria of 20 through 39.

A Form R has been prepared for the following:

Methanol

If you have any questions, please contact Ed Skintik at (513) 648-3151.

Sincerely,

David R. Kozlowski  
Associate Director,  
Office of Safety and Assessment

FEMP:Skintik

Enclosures: As stated

cc w/ enc:

E. Ogilvie, FDF

cc w/o enc:

R. Nace, EM-423, QO

Ohio Disaster Service Agency

J. Saric, USEPA-V/fs

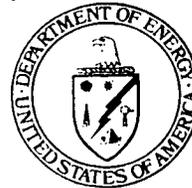
D. Raye, FDF (AR Coordinator)



**Department of Energy**

**Ohio Field Office  
Fernald Area Office**

P. O. Box 538705  
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(513) 648-3155



**JUN 20 1997**

**DOE-1103-97**

EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: Toxic Chemical Release Inventory

Gentlemen:

**TOXIC CHEMICAL RELEASE INVENTORY - FERNALD ENVIRONMENTAL MANAGEMENT PROJECT**

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R. Nace, EM-423, QO  
J. Saric, USEPA-V/fs  
D. Raye, FDF (AR Coordinator)



# FORM R

## TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

United States  
Environmental Protection  
Agency

Section 313 of the Emergency Planning and Community Right-to-Know  
Act of 1986, also known as Title III of the Superfund Amendments and  
Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:**

- EPCRA Reporting Center  
P.O. Box 3348  
Menfield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
- APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**IMPORTANT:** See instructions to determine when "Not Applicable (NA)" boxes should be checked.

### PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 19 96

### SECTION 2. TRADE SECRET INFORMATION

- 2.1 Are you claiming the toxic chemical identified on page 2 trade secret?  
 Yes (Answer question 2.2; Attach substantiation forms)  No Do not answer 2.2; go to Section 3
- 2.2 Is this copy  Sanitized  Unsanitized  
(Answer only if "YES" in 2.1)

### SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date signed:
David R. Kozlowski, Assoc. Director, Office of Safety and Assessment		6/19/97

### SECTION 4. FACILITY IDENTIFICATION

TRI Facility ID Number  
45030SDPRT7400W

4.1 Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)
U.S. DOE Fernald Environmental Management Project	
Street	Mailing Address
7400 Willey Road	P.O. Box 538705
City/County/State/Zip Code	City/County/State/Zip Code
Fernald/Hamilton, Ohio 45030	Cincinnati/Hamilton, OH 45253-8705

4.2 This report contains information for:  
(Important: check a or b; check c if applicable) a.  An entire facility b.  Part of a facility c.  A Federal facility

4.3 Technical Contact Name: David R. Kozlowski Telephone Number (include area code): (513) 648-3077

4.4 Public Contact Name: David R. Kozlowski Telephone Number (include area code): (513) 648-3077

4.5 SIC Code (s) (4 digits): a. 4953 b. NA c. d. e. f.

4.6 Latitude: Degrees 39 Minutes 17 Seconds Longitude: Degrees 84 Minutes 41 Seconds

4.7 Dun & Bradstreet Number(s) (9 digits): NA EPA Identification Number(s) (RCRA I.D. No.) (12 characters): OH6890008976 Facility NPDES Permit Number(s) (9 characters): 11000004\*ED Underground Injection Well Code (UIC) I.D. Number(s) (12 digits): NA

a. NA a. OH6890008976 a. 11000004\*ED a. NA  
b. b. NA b. b.

### SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company  NA U.S. Department of Energy

5.2 Parent Company's Dun & Bradstreet Number  NA (9 digits)

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>	TRI FACILITY ID NUMBER
	45030SDPRT7400W
	Toxic Chemical, Category, or Generic Name
	Methanol

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS NUMBER (IMPORTANT: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	67-56-1
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	Methanol
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic name must be structurally descriptive.)	NA

**SECTION 2. MIXTURE COMPONENT IDENTITY**

(Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use /processing d. <input type="checkbox"/> For sale /distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		a. <input checked="" type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1	<input type="text" value="04"/> (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM**

		A. Total Release (pounds/year)(enter range from instructions or estimate)	B. Basis of estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	760	E
5.2	Stack or point air emissions	NA <input type="checkbox"/>	90	E
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	Great Miami River		4400	0
5.3.2	Paddy's Run Creek		0	0
5.3.3	NA			
5.4.1	Underground Injection on-site to Class I Wells	NA <input checked="" type="checkbox"/>		
5.4.2	Underground Injection on-site to Class II-V Wells	NA <input checked="" type="checkbox"/>		

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI FACILITY ID NUMBER			
		45030SDPRT7400W			
		Toxic Chemical, Category, or Generic Name			
		Methanol			
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM					
		NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	
5.5	Disposal to land on-site				
5.5.1 A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>			
5.5.1 B	Other landfills	<input checked="" type="checkbox"/>			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/>			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/>			
5.5.4	Other disposal	<input checked="" type="checkbox"/>			
SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS					
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)					
6.1.A. Total Quantity Transferred to POTWs and Basis of Estimate					
6.1.A.1. Total Transfers (pounds/year) (enter range code or estimate)			6.1.A.2 Basis of Estimate (enter code)		
NA			NA		
6.1.B. ____	POTW Name	NA			
POTW Address					
City		State		County	
Zip					
6.1.B. ____	POTW Name				
POTW Address					
City		State		County	
Zip					
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/> and indicate which Part II, Section 6.1 page this is here <input type="text"/> (example: 1,2,3, etc.)					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS					
6.2 ____ OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)					
Off-Site Location Name		U.S. Department of Energy			
Off-Site Address		K-25 Site, Highway 58, Blair Rd.			
City	Oak Ridge	State	TN	County	Anderson
Zip	37830				
Is location under control of reporting facility or parent company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<b>EPA FORM R</b> <b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>	TRI FACILITY ID NUMBER <b>45030SDPRT7400W</b> Toxic Chemical, Category, or Generic Name <b>Methanol</b>
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**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)**

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 340	1. 0	1.M 50
2. NA	2.	2.M
3.	3.	3.M
4.	4.	4.M

6.2 OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)

Off-Site Location Name

Off-Site Address

City State County Zip

Is location under control of reporting facility or parent company?  Yes  No

A. Total Transfers (pound/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.M
2.	2.	2.M
3.	3.	3.M
4.	4.	4.M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box  and indicate which Part II, Section 6.2 page this is, here.  (example: 1.2.3. etc.)

**SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY**

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?			
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e			
	1 B11				2 NA		
	3 <input type="checkbox"/>				4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 <input type="checkbox"/>				7 <input type="checkbox"/>	8 <input type="checkbox"/>	
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e			
	1 <input type="checkbox"/>				2 <input type="checkbox"/>		
	3 <input type="checkbox"/>				4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 <input type="checkbox"/>				7 <input type="checkbox"/>	8 <input type="checkbox"/>	
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e			
	1 <input type="checkbox"/>				2 <input type="checkbox"/>		
	3 <input type="checkbox"/>				4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 <input type="checkbox"/>				7 <input type="checkbox"/>	8 <input type="checkbox"/>	
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e			
	1 <input type="checkbox"/>				2 <input type="checkbox"/>		
	3 <input type="checkbox"/>				4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 <input type="checkbox"/>				7 <input type="checkbox"/>	8 <input type="checkbox"/>	
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e			
	1 <input type="checkbox"/>				2 <input type="checkbox"/>		
	3 <input type="checkbox"/>				4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	6 <input type="checkbox"/>				7 <input type="checkbox"/>	8 <input type="checkbox"/>	

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER
45030SDPRT7400W
Toxic Chemical, Category, or Generic Name
Methanol

If additional copies of page 4 are attached, indicate the total number of pages in this box  and indicate which page 4 this is, here.  (example: 1,2,3, etc.)

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code (s)]

1 <input style="width: 80%;" type="text"/>	2 <input style="width: 80%;" type="text"/>	3 <input style="width: 80%;" type="text"/>	4 <input style="width: 80%;" type="text"/>
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**SECTION 7C. ON-SITE RECYCLING PROCESSES**

Not applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 <input style="width: 80%;" type="text"/>	2 <input style="width: 80%;" type="text"/>	3 <input style="width: 80%;" type="text"/>	4 <input style="width: 80%;" type="text"/>	5 <input style="width: 80%;" type="text"/>
6 <input style="width: 80%;" type="text"/>	7 <input style="width: 80%;" type="text"/>	8 <input style="width: 80%;" type="text"/>	9 <input style="width: 80%;" type="text"/>	10 <input style="width: 80%;" type="text"/>

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

<i>All quantity estimates can be reported using up to two significant figures.</i>		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released *	3400	5300	90	90
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	7100	19,000	0	0
8.7	Quantity treated off-site	0	340	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			30	
8.9	Production ratio or activity index			2.07	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

\* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.